# **FORM D**



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# Temporary FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| 1786410                  |
|--------------------------|
| OMB APPROVAL             |
|                          |
|                          |
| OMB Number: 3235-0076    |
| Expires March 15, 2009   |
| Estimated average burden |
| hours per response16.00  |
|                          |
|                          |

| SEC USE ONLY |         |        |  |  |  |  |
|--------------|---------|--------|--|--|--|--|
| Prefix       |         | Serial |  |  |  |  |
| !            |         |        |  |  |  |  |
| DATE         | RECEIVE | D      |  |  |  |  |
|              | ĺ       |        |  |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)                 |   |
|--|---|
| J.P. Morgan Multi-Strategy Fund, L.L.C.  |   |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE                        |   |
| Type of Filing: New Filing Amendment   |   |
| A. BASIC IDENTIFICATION DATA   |   |
| 1. Enter the information requested about the issuer  | i 1981ili 20116 19111 adiet unit duit enui ceut enu des |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)                   | 09036605  |
| J.P. Morgan Multi-Strategy Fund, L.L.C.  |   |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Includ             | ing Area Code)  |
| 522 Fifth Avenue, 10 <sup>th</sup> Floor, New York, NY 10036 (212) 837-1432                                  |   |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Includ | ing Area Code)  |
| (if different from Executive Offices)  |   |
| Brief Description of Business: To operate as a private investment entity.                                    |   |
|  |   |
| Type of Business Organization  | 10 \ 7 1 1 17 17 17                                     |
| Corporation — imited parameters, among severe  | ease specify): Limited Liability                        |
| business trust limited partnership, to be formed   | Company   |
| Month Year   |   |
| Actual or Estimated Date of Incorporation or Organization: 0 4 0 4 Actual Estimated                          | ed  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: |   |
| CN for Canada; FN for other foreign jurisdiction)  | DE  |

### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

|  | A. BASIC IDE   | NTIFICATION DATA             |                   |                                  |
|--|--|------------------------------|-------------------|----------------------------------|
| <ul> <li>Enter the information requested for the f</li> <li>Each promoter of the issuer, if the is</li> <li>Each beneficial owner having the post the issuer;</li> <li>Each executive officer and director</li> <li>Each general and managing partner</li> </ul> | ssuer has been organized<br>ower to vote or dispose, o<br>of corporate issuers and o | or direct the vote or dispos | sition of, 10% or |                                  |
| Check Box(es) that Apply: Promoter   | Beneficial Owner   | ☐ Executive Officer          | Director          | Managing     Member              |
| Full Name (Last name first, if individual)  Ehrlich Associates, L.L.C.   |  |                              |                   |                                  |
| Business or Residence Address (Number a 880 Third Avenue, New York, NY 10022   | nd Street, City, State, Zip  | Code)                        |                   |                                  |
| Check Box(es) that Apply:  Promoter  | ☐ Beneficial Owner   | ☐ Executive Officer          | Director          |                                  |
| Full Name (Last name first, if individual) Ehrlich, Dr. Harold B.  |  |                              |                   |                                  |
| Business or Residence Address (Number a c/o Ehrlich Associates, L.L.C., 880 Third  |  | 10022                        |                   |                                  |
| Check Box(es) that Apply:  Promoter  | ☐ Beneficial Owner   | Executive Officer            | ☑ Director        | General and/or Managing Partner  |
| Full Name (Last name first, if individual) Unrein, Lawrence M.   |  |                              |                   |                                  |
| Business or Residence Address (Number a 245 Park Avenue, 3 <sup>rd</sup> Fl, New York, NY 10   |  | Code)                        |                   |                                  |
| Check Box(es) that Apply:  Promoter  | ☐ Beneficial Owner   | ☐ Executive Officer          | ☑ Director        | General and/or Managing Partner  |
| Full Name (Last name first, if individual)  Beer, Kenneth H.   |  |                              |                   |                                  |
| Business or Residence Address (Number a 245 Park Avenue, 3 <sup>rd</sup> Fl, New York, NY 10   | 0167   |                              |                   |                                  |
| Check Box(es) that Apply:  Promoter  | ☐ Beneficial Owner   | Executive Officer            | ☑ Director        | ☐General and/or Managing Partner |
| Full Name (Last name first, if individual) Okerman, Gerald A.  |  |                              |                   |                                  |
| Business or Residence Address (Number a 245 Park Avenue, 3 <sup>rd</sup> Fl, New York, NY 10   |  | o Code)                      |                   |                                  |
| Check Box(es) that Apply: Promoter  Full Name (Last name first, if individual)   | Beneficial Owner   | ☐ Executive Officer          | □ Director        | Partner                          |
| Prendergast, S. Lawrence Business or Residence Address (Number a 245 Park Avenue, 3 <sup>rd</sup> Fl, New York, NY 1   |  | p Code)                      |                   |                                  |
| Check Box(es) that Apply: Promoter Full Name (Last name first, if individual)  | ☐ Beneficial Owner   | ☐ Executive Officer          | Director          | ☐ Partner                        |
| Business or Residence Address (Number a  | and Street, City, State, Zip   | p Code)                      |                   |                                  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|   |  |  |  | D IL   | IEODMA AT   | ION A DO  | IIT OFFFF                                     | DING                                   |                                     |   |              |              |
|---|--|--|--|--|---|---|---|--|-------------------------------------|---|--------------|--------------|
| <u> </u>  | · ·-   |  |  | B. IN  | IFORMAT   | ION ABO   | UIUFFEF                                       | ung                                    |                                     |   | Vac          | No           |
|   |  |  |  |  |   | ditad in  | ora in this -                                 | ffering                                |                                     |   | Yes          | No 🖂         |
| 1. Has the  | issuer sold,   | or does the  |  |  | o non-accreo  |   |   |  |                                     |   | Ш            |              |
| 2 1777  |  |  |  |  |   |   |   |  |                                     |   | ¢EN NO       | ·Λ*          |
|   |  |  |  |  | d from any increase o   |   |   |  |                                     |   | \$50,00      | <u>u</u>     |
| " Subjec  | t to the aise  | cretion of the   | ne Generai   | raithei to   | inci case o   | i decicase  | amounts it                                    | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3013.                               |   | Yes          | No           |
| 3. Does th  | e offering p   | ermit joint  | ownership o  | of a single u  | ınit?   |   |   |  |                                     |   | $\boxtimes$  |              |
|   |  |  |  |  |   |   |   |  |                                     |   |              |              |
| commis<br>a person<br>states, l<br>broker of<br>The fund<br>Manag | ssion or sim<br>n to be liste<br>ist the nam-<br>or dealer, yo<br>may enter<br>er) providi | ilar remune d is an asso e of the bro ou may set f into arrar ng for the J | ration for so ciated perso ker or deale orth the info or memors would be a syment of | olicitation of on or agent er. If more ormation for the ormation for the ormation for the ormation for the ormation of the orm | ho has been<br>if purchasers<br>of a broker<br>than five (<br>or that broke<br>ment Agent<br>t agent fees | s in connect<br>or dealer re<br>5) persons<br>or or dealer<br>is (including | tion with sate gistered witto be listed only. | les of securith the SEC are associa    | ities in the and/or with ted person | offering. If<br>h a state or<br>s of such a |              |              |
| Full Name   | (Last name   | first, if indi   | ividual)   |  |   |   |   |  |                                     |   |              |              |
| Rusiness o  | r Residence  | Address (N   | Jumber and   | Street City  | , State, Zip  | Code)   |   |  |                                     |   |              |              |
| Justiness U   | . Acaidemee  | . 1001000 (1   | .amoor and   | , 011)   | ,,p   | ,   |   |  |                                     |   |              |              |
| NI C *  |  | 1 P  | olon.  |  |   |   |   |  |                                     | -   |              |              |
| Name of A   | ssociated B  | roker or De  | aier   |  |   |   |   |  |                                     |   |              |              |
| States in II  | /high Darson   | n Listed Ho  | s Solicited o  | or Intends to  | Solicit Pu  | rchasers  |   |  |                                     |   |              |              |
|   |  |  |  |  |   |   |   |  |                                     |   |              | ☐ All States |
| [AL]  | [AK]   | [AZ]   | [AR]   | [CA]   | [CO]  | [CT]  | [DE]  | [DC]                                   | [FL]                                | [GA]  | [HI]         | [ID]         |
| [IL]  | [IN]   | [IA]   | [KS]   | [KY]   | [LA]  | [ME]  | [MD]  | [MA]                                   | [MI]                                | [MN]  | [MS]         | [MO]         |
| [MT]  | [NE]   | [NV]   | [NH]   | [NJ]   | [NM]  | [NY]  | [NC]  | [ND]                                   | [OH]                                | [OK]  | [OR]         | [PA]         |
| [RI]  | [SC]   | [SD]   | [TN]   | [TX]   | [UT]  | [VT]  | [VA]  | [WA]                                   | [WV]                                | [WI]  | [WY]         | [PR]         |
| Full Name   | (Last name   | first, if ind  | ividual)   |  |   |   |   |  |                                     |   |              |              |
|   |  |  |  |  |   |   |   |  |                                     |   |              |              |
| Business o  | r Residence  | Address (N   | Number and   | Street, City   | y, State, Zip   | Code)   |   |  |                                     |   |              |              |
|   |  |  |  | •  |   | ,   |   |  |                                     |   |              |              |
|   |  | , D  | 1  |  |   | <del></del>   |   |  |                                     |   |              |              |
| Name of A   | ssociated B  | roker or De  | aler   |  |   |   |   |  |                                     |   |              |              |
|   |  |  |  |  |   |   |   |  |                                     |   |              |              |
|   |  |  |  |  | o Solicit Pu  | rchasers  |   |  |                                     |   |              |              |
| •   |  |  | lividual Stat  | •  |   |   |   |  |                                     |   |              | All States   |
| [AL]  | [AK]   | [AZ]   | [AR]   | [CA]   | [CO]  | [CT]  | [DE]  | [DC]                                   | [FL]                                | [GA]  | [HI]         | [ID]         |
| [IL]  | [IN]   | [IA]   | [KS]   | [KY]   | [LA]  | [ME]  | [MD]<br>[NC]                                  | [MA]<br>[ND]                           | [MI]<br>[OH]                        | [MN]<br>[OK]                                | [MS]<br>[OR] | [MO]<br>[PA] |
| [MT]<br>[RI]  | [NE]<br>[SC]   | [NV]<br>[SD]   | [NH]<br>[TN]   | [NJ]<br>[TX]   | [NM]<br>[UT]  | [NY]<br>[VT]  | [VA]  | [WA]                                   | [WV]                                | [WI]  | [WY]         | [PR]         |
|   |  |  |  | [17]   | [01]  | [,,]  | [''']   | [ ,, , , , ]                           | f., , 1                             | [ ., , ]                                    | [ •]         | []           |
| Full Name   | (Last name   | first, if ind  | ividual)   |  |   |   |   |  |                                     |   |              |              |
|   |  |  |  |  |   |   |   |  |                                     |   |              |              |
| Business o  | r Residence  | Address (N   | Number and   | Street, City   | y, State, Zip   | Code)   |   |  |                                     |   |              |              |
|   |  |  |  | •  | •   | •   |   |  |                                     |   |              |              |
| - C :   |  | . I  | -1   |  |   |   | <del></del>                                   |  |                                     |   |              |              |
| Name of A   | ssociated E  | sroker or De   | ealer  |  |   |   |   |  |                                     |   |              |              |
| States in 11  | Vhich Darga  | n Listad Un  | e Solicited :  | or Intende t   | o Solicit Pu  | rchasers  |   |  |                                     |   |              |              |
|   |  |  | s Sonched (<br>lividual Stat   |  | o soncii Fu   | 101103013   |   |  |                                     |   |              | All States   |
| [AL]  | [AK]   | [AZ]   | [AR]   | [CA]   | [CO]  | [CT]  | [DE]  | [DC]                                   | [FL]                                | [GA]  | [HI]         | [ID]         |
| [IL]  | [IN]   | [IA]   | [KS]   | [KY]   | [LA]  | [ME]  | [MD]  | [MA]                                   | [MI]                                | [MN]  | [MS]         | [MO]         |
| [MT]  | [NE]   | [NV]   | [NH]   | [NJ]   | [NM]  | [NY]  | [NC]  | [ND]                                   | [OH]                                | [OK]  | [OR]         | [PA]         |
| [RI]  | [SC]   | [SD]   | [TN]   | [TX]   | [UT]  | [VT]  | [VA]  | [WA]                                   | [WV]                                | [WI]  | [WY]         | [PR]         |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |                            |
|----|---|-----------------------------|----------------------------|
|    | Type of Security  | Aggregate<br>Offering Price | Amount Already<br>Sold     |
|    | Debt  | <u>\$</u>                   | <u>\$</u> _                |
|    | Equity  | \$                          | <u>\$</u>                  |
|    | Common Preferred  |                             | _                          |
|    | Convertible Securities (including warrants)   | <u>\$</u>                   | <u>\$</u>                  |
|    | Partnership Interests   | \$ 2,000,000,000            | <u>\$178,756,882</u>       |
|    | Other (Specify)   | <u>\$</u>                   | <u>\$</u>                  |
|    | Total   |                             | <u>\$178,756,882</u>       |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                             |                            |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                             | Aggregate                  |
|    |   | Number<br>Investors         | Dollar Amount of Purchases |
|    | Accredited Investors  | <u>792</u>                  | <u>\$178,756,882</u>       |
|    | Non-accredited Investors  |                             |                            |
|    | Total (for filings under Rule 504 only)   |                             |                            |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                             | <del></del>                |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  | Torrest                     | Dallar Amazant             |
|    | Type of offering  | Type of Security            | Dollar Amount<br>Sold      |
|    | Rule 505  | <del></del>                 |                            |
|    | Regulation A  |                             |                            |
|    | Rule 504  | <u></u>                     |                            |
|    | Total   |                             |                            |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                            |
|    | Transfer Agent's Fees   | [                           | <b>\$</b>                  |
|    | Printing and Engraving Costs  |                             | <b>3</b> \$                |
|    | Legal Fees  |                             | □ <u>\$</u>                |
|    | Accounting Fees   |                             | <b>\$</b>                  |
|    | Engineering Fees  | [                           | ] <u>\$</u>                |
|    | Sales Commissions (specify finders' fees separately)  | _                           | <b>3</b>                   |
|    | Other Expenses (identify) miscellaneous organization and legal expenses   | _                           |                            |
|    |   |                             | Z \$100 000                |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|  | C. OFFERING PR   | ICE, NUMBER OF INVESTORS, EXPENSE   | S AND U    | SE C        | OF PROCEEDS  |                    |                             |  |  |
|--|--|---|------------|-------------|--|--------------------|-----------------------------|--|--|
| b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." |  |   |            |             |  | \$1,999,900<br>:   |                             |  |  |
| t<br>l   | he purposes shown. If the amount for any purp  | proceeds to the issuer used or proposed to be used<br>ose is not known, furnish an estimate and check the<br>listed must equal the adjusted gross proceeds to the | box to the | e           | D  |                    |                             |  |  |
|  |  |   |            |             | Payments to<br>Officers,<br>Directors, &<br>Affiliates |                    | Payments to<br>Others       |  |  |
|  | Salaries and fees  |   |            | <u>\$</u>   |  |                    |                             |  |  |
|  | Purchase of real estate  |   | 🗆          | <u>\$</u>   |  |                    | <u>\$</u>                   |  |  |
|  | Purchase, rental or leasing and installation   | of machinery and equipment  |            | <u>\$</u>   |  |                    | <u>\$</u>                   |  |  |
|  | Construction or leasing of plant buildings   | and facilities  | 🗆          | <u>\$</u> _ |  |                    | <u>\$</u>                   |  |  |
|  | Acquisition of other business (including t   | he value of securities involved in this   |            |             |  |                    |                             |  |  |
|  | offering that may be used in exchange for  |   | _          |             |  |                    |                             |  |  |
|  | issuer pursuant to a merger)   |   |            | <u>\$</u>   |  |                    | <u>\$</u>                   |  |  |
|  | Repayment of indebtedness  |   |            | <u>\$</u>   |  |                    | <u>\$</u>                   |  |  |
|  | Working capital  | <u></u>   |            | <u>\$</u>   |  |                    | <u>\$</u>                   |  |  |
|  | Other (specify): investments in securit  | ies   |            | <u>\$</u> _ |  | $\boxtimes$        | \$1,999,900,000             |  |  |
|  |  | ed)   |            |             | ⊠ <u>\$1,999,</u>                                      | _                  | \$1,999,900,000<br>00       |  |  |
|  |  | D. FEDERAL SIGNATURE  |            |             |  |                    |                             |  |  |
| signa  | ature constitutes an undertaking by the issue mation furnished by the issuer to any non-ac | by the undersigned duly authorized person. It is to furnish to the U.S. Securities and Exchange credited investor pursuant to paragraph (b)(2) of                 | Commiss    | ion,        | filed under Rule<br>upon written requ                  | 505, the           | ne following its staff, the |  |  |
|  | er (Print or Type)<br>Morgan Multi-Strategy Fund, L.L.C.                                   | Signature Signature   |            |             | Date Mar 12  | <del>7</del> , 200 | 9                           |  |  |
|  | e of Signer (Print or Type)  | / <b>r</b>  |            | _           | neral Partner  |                    |                             |  |  |